

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: KIDZ ZONE CHRISTIAN ACADEMY	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input checked="" type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 750 ALLISON BONNETTE M.DR DOLOMITE, AL 35020	Mailing Address: 750 ALLISON BONNETTE M.DR DOLOMITE, AL, 35020
Telephone Number: (205) 744-0010	Licensee: TOMETRUIS H. CRAIG
Capacity: 105	Director: TOMETRIUS CRAIG
Age Range: 6 Weeks to 14 Years 6 Weeks to 14 Years	Date Prepared: 6/4/2026

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

Deficiency Plan of Correction	Date to be completed
Failed - 0 up to 18 months 1 to 5, Inspection Form Plan of Action - We will pause drop-in care until extra staff is hired.	6/18/2026
Failed - Medical exam and TB test on file at time of employment, Inspection Form Plan of Action - The staff person will get a medical and TB.	6/18/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - We will have the parent bring an updated immunization.	6/18/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - We will have the parent bring an updated immunization.	6/18/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - We will have the parent bring an updated immunization.	6/18/2026
On 6/4/26, the children's files were incomplete. , Ad Hoc Plan of Action - We will review the files and make sure they are all complete.	6/18/2026